

So now, for that veteran center to be named after Sergeant Abraham, I can't tell you the sense of pride it brings not only to the Abraham family and to my community in Butler, Pennsylvania, but to all of us, and to know that there are people out there who were willing to do these things, who were willing to sacrifice themselves. After being rescued—12,000 Americans were captured; he was 1 of 513 who survived. There were 12,000 who were captured, and 513 survived. The loss of life, the loss of future, the loss of enjoying a family—everything that life has to offer was taken from those people.

General MacArthur asked him: Abie, would you please stay and find those remains and dig them up so that you can bring some peace and comfort to those who died? Mrs. Abraham said Mr. Abraham would pray every night that the Lord would give him the strength to go out the next day because it was so horrible. He was digging up the remains, not of some people he didn't know, but of people who had actually been captured, of people he had marched with, of people he had tried to help get through this horrible time who had passed. His whole purpose in life was to bring peace to families, to bring peace to veterans, and to let them know how much he cared for them.

As a grateful country, we now have the opportunity to name a healthcare center after Sergeant Abie Abraham. He is truly somebody who befits the often said statement that there is only one office higher in our country than President, and that is that of patriot—not Republican, not Democrat, not Libertarian—patriot, American patriot. He was a man who loved peace and deplored the horrors of war but who never, ever tired in his service to his fellow servicemen, and he never, ever gave up. I can tell you, to his last day, Mr. Abraham thought about one thing every day, and that was about our men and women in uniform who gave their lives that this country—our country—could survive.

Do you know what? I know Mr. Abraham is looking down right now, and he is so happy that this facility is being named after him so that, for all time, he will be remembered.

Ms. BROWN of Florida. Mr. Speaker, I urge my colleagues to support H.R. 5317.

I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

As a fellow veteran, I can't think of anything that I would rather be doing this afternoon than naming this VA center for this incredible American hero. Once again, I encourage all of the Members to support this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 5317, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

VETERAN ENGAGEMENT TEAMS ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3936) to direct the Secretary of Veterans Affairs to carry out a pilot program under which the Secretary carries out Veteran Engagement Team events where veterans can complete claims for disability compensation and pension under the laws administered by the Secretary, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3936

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veteran Engagement Teams Act” or “VET Act”.

SEC. 2. PILOT PROGRAM ON DEPARTMENT OF VETERANS AFFAIRS VETERAN ENGAGEMENT TEAM EVENTS.

(a) IN GENERAL.—

(1) PILOT PROGRAM.—Beginning not later than October 1, 2016, the Secretary of Veterans Affairs shall carry out a three-year pilot program under which the Secretary shall carry out events, to be known as “Veteran Engagement Team events”. The Secretary shall ensure that such events are carried out—

(A) during the first year during which the Secretary carries out the pilot program, at least once a month in a location within the jurisdiction of each of 10 regional offices of the Department of Veterans Affairs, including at least two regional offices in each of the five districts of the Veterans Benefits Administration under the organization of such Administration in effect as of the date of the enactment of this Act; and

(B) during each of the second and third years during which the Secretary carries out the pilot program, at least once a month in a location within the jurisdiction of each of 15 regional offices of the Department, including at least three regional offices in each such district.

(2) VETERAN ENGAGEMENT TEAM EVENTS.—During each Veteran Engagement Team event, the Secretary shall provide assistance to veterans in completing and adjudicating claims for disability compensation under chapter 11 of title 38, United States Code, and for pension under chapter 15 of such title. The Secretary shall ensure that—

(A) all Veteran Engagement Team events occur during the normal business hours of the sponsoring regional office;

(B) the events are carried out at different locations within the jurisdiction of each regional office and at least 50 miles from any regional office;

(C) a sufficient number of physicians (to be available for opinions only), veteran service representatives and rating veteran service representatives, and other personnel are available at the events to initiate, update, and finalize the completion and adjudication of claims;

(D) veterans service organizations have access to the events for purposes of providing assistance to veterans; and

(E) a veteran who is unable to complete and adjudicate a claim at an event is informed of what additional information or actions are needed to finalize the claim.

(b) LOCATION.—In selecting locations for Veteran Engagement Team events under this section, the Secretary shall—

(1) coordinate with veteran service organizations and State and local veterans agencies; and

(2) seek to select locations that are community-based and easily accessible.

(c) TRANSFER OF PERSONNEL.—

(1) PHYSICIANS.—The Secretary may not permanently transfer any physician employed by the Veterans Health Administration for the purpose of staffing a Veteran Engagement Team event.

(2) PAYMENT OF SALARIES.—Any amount payable to an employee of the Department for work performed at a Veteran Engagement Team event is payable only from amounts otherwise available for the payment of the salary of the employee. No additional amounts are authorized to be appropriated under this section for the payment of salaries for Department employee.

(d) OTHER AUTHORITIES.—In carrying out the pilot program under this section, the Secretary may—

(1) coordinate with States, local governments, nonprofit organizations, and private sector entities to use facilities to host Veteran Engagement Team events for no or minimal costs; and

(2) accept, on a without compensation basis, services provided by non-Department physicians in rendering medical opinions relating to claims for compensation and pension.

(e) CUSTOMER SATISFACTION SURVEYS.—In carrying out the pilot program under this section, the Secretary shall collect and analyze information about the customer satisfaction of veterans who have received assistance at a Veteran Engagement Team event.

(f) REPORTS.—Not later than April 30, 2017, and annually thereafter beginning on October 1, 2017, for the duration of the program, the Secretary shall submit to Congress a report on the implementation and effectiveness of the events. Such report shall include—

(1) the number and types of claims completed and adjudicated at the events;

(2) the number and types of claims for which assistance was sought at the events that were not completed or adjudicated at the events and the reasons such claims were not completed or adjudicated; and

(3) an analysis of the customer satisfaction of veterans who have received assistance at an event based on the information collected under subsection (e).

SEC. 3. MODIFICATION TO LIMITATION ON AWARDS AND BONUSES.

Section 705 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 703 note) is amended to read as follows:

“SEC. 705. LIMITATION ON AWARDS AND BONUSES PAID TO EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.

“The Secretary of Veterans Affairs shall ensure that the aggregate amount of awards and bonuses paid by the Secretary in a fiscal year under chapter 45 or 53 of title 5, United States Code, or any other awards or bonuses authorized under such title or title 38, United States Code, does not exceed the following amounts:

“(1) With respect to fiscal year 2017, \$250,000,000.

“(2) With respect to each of fiscal years 2018 through 2024, \$360,000,000.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

Tennessee (Mr. ROE) and the gentlewoman from Florida (Ms. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to add extraneous material on H.R. 3936, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

I rise and urge all Members to support H.R. 3936, as amended. H.R. 3936 would authorize a 3-year pilot program for Veteran Engagement Teams.

Veteran Engagement Teams allow the Department of Veterans Affairs' employees to meet one on one with veterans to help facilitate the claims process. Veteran Engagement Teams bring veterans and VA claims processors and physicians to help facilitate the claims process. The VA is currently testing a similar program that has proven to be both popular and successful. Allowing veterans to talk with VA employees face-to-face helps to reduce confusion and frustration with the VA's complicated claims process.

H.R. 3936, as amended, would require the VA to continue to provide this personal service to many veterans, which would reduce their frustration and confusion with the VA's complicated claims process.

I thank Mr. COSTELLO, a member of the Subcommittee on Disability Assistance and Memorial Affairs, for introducing this bill and for being an advocate for our veterans and their families.

I urge my colleagues to support H.R. 3936, as amended.

Mr. Speaker, I reserve the balance of my time.

Ms. BROWN of Florida. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of Mr. COSTELLO's bill, H.R. 3936, that would establish a 3-year pilot program to assist veterans in receiving timely decisions on their claims.

Under this administration, the VA has nearly eliminated the claims backlog. At the height of the backlog in 2013, there were more than 600,000 claims. Today, that number has been reduced to fewer than 75,000. The VA has made incredible strides on claims, and I applaud its hardworking staff who has made this happen. However, we also owe it to our veterans to look at and test new methods to improve services and continue refining the VA claims process. This legislation is a step in that direction.

However, I must note that the VA's success in the timely processing of claims has come at the cost of a new

backlog—appeals. There is an appeals inventory of 450,000. The average wait for a veteran to have his appeal resolved is almost 5 years.

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We need to address this in our closing legislative days. If we do not act now, the VA predicts veterans will have to wait 10 years for a decision on their appeal. Now, I know we all agree that that simply is unacceptable. I look forward to working in a bipartisan fashion to fix this issue immediately.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. COSTELLO), my friend and fellow member of the Veterans Affairs Committee.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise today to support my legislation, H.R. 3936, the VET Act, also known as the Veteran Engagement Teams Act.

I would first like to thank Congressman MIKE FITZPATRICK from Bucks County, Pennsylvania, and our staffers—Congressman FITZPATRICK's staffer Justin Rusk, and my senior legislative aide, Katharine Bruce—for all their hard work on the VET Act. I am proud to have introduced this legislation with them, and we would not be here today were it not for their important collaboration in this effort.

Mr. Speaker, the VET Act is a solution for the veteran who needs assistance navigating the Department of Veterans Affairs claims process. Many veterans struggle to navigate the VA's bureaucracy to submit their disability compensation or pension claims and to receive the benefits that they have earned.

The VET Act aims to solve this problem and, in the process, reduce wait times, possible miscommunications, and lost paperwork by taking VA employees out of the office and placing them in the community where they can provide area veterans with one-on-one assistance at Veteran Engagement Team events. The events would be carried out at least 50 miles from any regional office, and the Secretary would ensure that a sufficient number of physicians, veterans service representatives, and other personnel are present to initiate, update and finalize the completion and adjudication of claims. Pro bono services can also be provided at these events to help offer assistance to veterans from veteran service organizations. And the VA is instructed to coordinate with States, local governments, nonprofit organizations, and private-sector entities to secure community facilities at little or no cost, creating a so-called one-stop shop for veterans.

And this is the gist of the bill, Mr. Speaker: if a veteran is unable to complete their claim at a VET event, the legislation directs VA employees to provide clear next steps for the veteran. Many veterans express frustration about the lack of clarity from the

VA, and subsequently we find ourselves, as the ranking member mentioned, with a claims backlog often due to remands. And veterans get bounced back and forth, perhaps not even knowing that they did not submit information that they have in their records but have not yet been told by the VA. This aims to eliminate that.

That is why under this legislation VA staff would be required to file reports that explain why claims were not completed, the number and types of claims that were completed, and customer satisfaction. Each of these steps is part of the solution to perfecting a claim, expediting its review, and avoiding unnecessary remands which clog up the claims docket. The goal is a more efficient system, Mr. Speaker. Transparency, timeliness, and accountability are the guiding principles of this bill.

The VET Act's method is already assisting veterans. American Legion Veterans Benefits Centers and regional VA claims clinics have tested VET events and found success, proving this legislation can restore trust between veterans and the VA.

It is also important to note the American Legion, Disabled American Veterans, Veterans of Foreign Wars, and Paralyzed Veterans of America have all voiced their support for this bill.

With over 45,000 veterans in my district, nearly 1 million in Pennsylvania and almost 22 million veterans in the United States, this legislation is a forward-looking solution that has the potential to assist many veterans across our country. Our veterans have earned their benefits, and this bill aims to make it easier for vets to file their claim and receive their benefits.

Finally, I would like to thank Chairman MILLER, the ranking member, and the House Veterans' Affairs Committee staff for their support and assistance and for ensuring this bill moved through the House this session.

Our veterans have waited long enough and House passage today puts us one step closer to this bill becoming law. I urge all of my colleagues to support H.R. 3936, the VET Act.

Ms. BROWN of Florida. Mr. Speaker, I urge my colleagues to support H.R. 3936.

I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I, too, want to thank Chairman MILLER, Ranking Member BROWN, and the members of the committee for all these bills we have passed this afternoon.

I encourage all Members to support H.R. 3936, as amended.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 3936, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SOCIAL IMPACT PARTNERSHIPS TO PAY FOR RESULTS ACT

Mr. YOUNG of Indiana. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5170) to encourage and support partnerships between the public and private sectors to improve our Nation's social programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5170

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Social Impact Partnerships to Pay for Results Act".

SEC. 2. SOCIAL IMPACT PARTNERSHIPS TO PAY FOR RESULTS ACT.

Section 403 of the Social Security Act (42 U.S.C. 603) is amended by adding at the end the following:

"(C) SOCIAL IMPACT DEMONSTRATION PROJECTS.—

"(1) PURPOSES.—The purposes of this subsection are the following:

"(A) To improve the lives of families and individuals in need in the United States by funding social programs that achieve real results.

"(B) To redirect funds away from programs that, based on objective data, are ineffective, and into programs that achieve demonstrable, measurable results.

"(C) To ensure Federal funds are used effectively on social services to produce positive outcomes for both service recipients and taxpayers.

"(D) To establish the use of social impact partnerships to address some of our Nation's most pressing problems.

"(E) To facilitate the creation of public-private partnerships that bundle philanthropic or other private resources with existing public spending to scale up effective social interventions already being implemented by private organizations, nonprofits, charitable organizations, and State and local governments across the country.

"(F) To bring pay-for-performance to the social sector, allowing the United States to improve the impact and effectiveness of vital social services programs while redirecting inefficient or duplicative spending.

"(G) To incorporate outcomes measurement and randomized controlled trials or other rigorous methodologies for assessing program impact.

"(2) SOCIAL IMPACT PARTNERSHIP APPLICATION.—

"(A) NOTICE.—Not later than 1 year after the date of the enactment of this subsection, the Secretary of the Treasury, in consultation with the Federal Interagency Council on Social Impact Partnerships, shall publish in the Federal Register a request for proposals from States or local government for social impact partnership projects in accordance with this paragraph.

"(B) REQUIRED OUTCOMES FOR SOCIAL IMPACT PARTNERSHIP PROJECT.—To qualify as a social impact partnership project under this subsection, a project must produce 1 or more measurable, clearly defined outcomes that result in social benefit and Federal savings through any of the following:

"(i) Increasing work and earnings by individuals who have been unemployed in the United States for more than 6 consecutive months.

"(ii) Increasing employment and earnings of individuals who have attained 16 years of age but not 25 years of age.

"(iii) Increasing employment among individuals receiving Federal disability benefits.

"(iv) Reducing the dependence of low-income families on Federal means-tested benefits.

"(v) Improving rates of high school graduation.

"(vi) Reducing teen and unplanned pregnancies.

"(vii) Improving birth outcomes and early childhood health and development among low-income families and individuals.

"(viii) Reducing rates of asthma, diabetes, or other preventable diseases among low-income families and individuals to reduce the utilization of emergency and other high-cost care.

"(ix) Increasing the proportion of children living in 2-parent families.

"(x) Reducing incidences and adverse consequences of child abuse and neglect.

"(xi) Reducing the number of youth in foster care by increasing adoptions, permanent guardianship arrangements, reunification, or placement with a fit and willing relative, or by avoiding placing children in foster care by ensuring they can be cared for safely in their own homes.

"(xii) Reducing the number of children and youth in foster care residing in group homes, child care institutions, agency-operated foster homes, or other non-family foster homes, unless it is determined that it is in the interest of the child's long-term health, safety, or psychological well-being to not be placed in a family foster home.

"(xiii) Reducing the number of children returning to foster care.

"(xiv) Reducing recidivism among juveniles, individuals released from prison, or other high-risk populations.

"(xv) Reducing the rate of homelessness among our most vulnerable populations.

"(xvi) Improving the health and well-being of those with mental, emotional, and behavioral health needs.

"(xvii) Improving the educational outcomes of special-needs or low-income children.

"(xviii) Improving the employment and well-being of returning United States military members.

"(xix) Increasing the financial stability of low-income families.

"(xx) Increasing the independence and employability of individuals who are physically or mentally disabled.

"(xxi) Other measurable outcomes defined by the State or local government that result in positive social outcomes and Federal savings.

"(C) APPLICATION REQUIRED.—The notice described in subparagraph (A) shall require a State or local government to submit an application for the social impact partnership project that addresses the following:

"(i) The outcome goals of the project.

"(ii) A description of each intervention in the project and anticipated outcomes of the intervention.

"(iii) Rigorous evidence demonstrating that the intervention can be expected to produce the desired outcomes.

"(iv) The target population that will be served by the project.

"(v) The expected social benefits to participants who receive the intervention and others who may be impacted.

"(vi) Projected Federal, State, and local government costs and other costs to conduct the project.

"(vii) Projected Federal, State, and local government savings and other savings, including an estimate of the savings to the Federal Government, on a program-by-pro-

gram basis and in the aggregate, if the project is implemented and the outcomes are achieved.

"(viii) If savings resulting from the successful completion of the project are estimated to accrue to the State or local government, the likelihood of the State or local government to realize those savings.

"(ix) A plan for delivering the intervention through a social impact partnership model.

"(x) A description of the expertise of each service provider that will administer the intervention, including a summary of the experience of the service provider in delivering the proposed intervention or a similar intervention, or demonstrating that the service provider has the expertise necessary to deliver the proposed intervention.

"(xi) An explanation of the experience of the State or local government, the intermediary, or the service provider in raising private and philanthropic capital to fund social service investments.

"(xii) The detailed roles and responsibilities of each entity involved in the project, including any State or local government entity, intermediary, service provider, independent evaluator, investor, or other stakeholder.

"(xiii) A summary of the experience of the service provider delivering the proposed intervention or a similar intervention, or a summary demonstrating the service provider has the expertise necessary to deliver the proposed intervention.

"(xiv) A summary of the unmet need in the area where the intervention will be delivered or among the target population who will receive the intervention.

"(xv) The proposed payment terms, the methodology used to calculate outcome payments, the payment schedule, and performance thresholds.

"(xvi) The project budget.

"(xvii) The project timeline.

"(xviii) The criteria used to determine the eligibility of an individual for the project, including how selected populations will be identified, how they will be referred to the project, and how they will be enrolled in the project.

"(xix) The evaluation design.

"(xx) The metrics that will be used to determine whether the outcomes have been achieved and how the metrics will be measured.

"(xxi) An explanation of how the metrics used to determine whether the outcomes have been achieved are independent, objective indicators of impact and are not subject to manipulation by the service provider, intermediary, or investor.

"(xxii) A summary explaining the independence of the evaluator from the other entities involved in the project and the evaluator's experience in conducting rigorous evaluations of program effectiveness including, where available, well-implemented randomized controlled trials on the intervention or similar interventions.

"(xxiii) The capacity of the service provider to deliver the intervention to the number of participants the State or local government proposes to serve in the project.

"(D) PROJECT INTERMEDIARY INFORMATION REQUIRED.—The application described in subparagraph (C) shall also contain the following information about any intermediary for the social impact partnership project (whether an intermediary is a service provider or other entity):

"(i) Experience and capacity for providing or facilitating the provision of the type of intervention proposed.

"(ii) The mission and goals.

"(iii) Information on whether the intermediary is already working with service providers that provide this intervention or an